

ORDER FOR SUPPLIES OR SERVICES

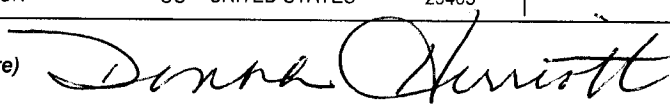
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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

| | | | | | |
|---|--|---|-----------------------------|--|--|
| 1. DATE OF ORDER 09/15/2005 | | 2. CONTRACT NO. (If any) V797P-4336A | | 6. SHIP TO: DEBORAH NELSON | |
| 3. ORDER NO. SAQMPD05A1429-M001 | | 4. REQUISITION/REFERENCE NO. 6025-550170 | | a. NAME OF CONSIGNEE MEDICAL SUPPLY AND SUPPORT (MED/EX/MSS) | |
| 5. ISSUING OFFICE (Address correspondence to) OFFICE OF ACQUISITION MANAGEMENT (A/LM/AQM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON VA UNITED STATES 22219 Contact: Theresa J. Hunt Telephone: 703-875-6019 | | | | b. STREET ADDRESS 2401 E STREET, NW SA-1, L101 | |
| c. CITY WASHINGTON | | d. STATE DC | e. COUNTRY UNITED STATES | f. ZIP CODE 20037 | |
| 7. TO: | | | | | |
| a. NAME OF CONTRACTOR Dave McGinnis 301-662-5268 | | | | 8. TYPE OF ORDER | |
| b. COMPANY NAME MEDTRONIC EMERGENCY RESPONSE | | | | DUNS No: 009251992 | |
| c. STREET ADDRESS SYSTEMS INC 11811 WILLOWS RD NE | | | | a. PURCHASE REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated. | |
| d. CITY REDMOND | | e. STATE WA | e. COUNTRY UNITED STATES | f. ZIP CODE 98073-9706 | |
| 9. ACCOUNTING AND APPROPRIATION DATA See Line Item Detail \$ 0.00 | | | | 10. REQUISITIONING OFFICE ADMINISTRATIVE DIV (MED/EX/A) | |
| 11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> g. SERVICE DISABLED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS VETERAN-OWNED | | | | 12. F.O.B. POINT Other | |
| 13. PLACE OF a. INSPECTION | | b. ACCEPTANCE | | 14. GOVERNMENT B/L NO. | |
| 15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) | | 16. DISCOUNT TERMS 10 days % 20 days % 30 days % days % | | | |

17. SCHEDULE (See reverse for Rejections)

| ITEM NO. (a) | SUPPLIES OR SERVICES (b) Modification | QUANTITY ORDERED (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | QUANTITY ACCEPTED (g) |
|--|--|----------------------------|-----------------------------------|-------------------------------------|------------------------------------|--------------------------------|
| | SEE LINE ITEM DETAIL | | | | | |
| SEE BILLING INSTRUCTIONS ON REVERSE | 18. SHIPPING POINT | 19. GROSS SHIPPING WEIGHT | 20. INVOICE NO. | | | 17(h) TOT. (Cont. pages) |
| | 21. MAIL INVOICE TO: A. Gordon FINANCIAL SRVC CTR, CHARLESTON, SOUTH CAROLINA (RM/F/IFS) 1969 DYESS AVENUE, Building C, FINANCIAL MGMT DIVISION (RM/GFS/ADO/FM) CHARLESTON SC UNITED STATES 29405 | | 17(J) NEW TOT. USD 0.00 | 17(K) PREV. TOT. USD 0.00 | 17(i) MOD TOTAL USD 0.00 | |

| | |
|---|---|
| 22. UNITED STATES OF AMERICA BY (Signature)  | 23. NAME (Typed) Donna Herriott TITLE: CONTRACTING/ORDERING OFFICER |
|---|---|

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|--------------------------|---|--|-----------------------|
| Line Item Summary | Document Number SAQMPPD05A1429-M001 | Title MEDTRONIC ID/IQ (BPA) - Opt Yr 1 | Page 2 of 2 |
|--------------------------|---|--|-----------------------|

See Line Item(s)

| Line Item No. | Description | Quantity | Unit | Unit Price | Total Cost (Includes Discounts) |
|---------------|--|----------|------|------------------------------|------------------------------------|
| 0001 | <p><i>The purpose of this modification is to exercise Option Year Two, with a period of performance from October 1, 2006 through September 30, 2007.</i></p> <p>Exercise Option Year Two Change in Delivery Date, Description, Extended Description, Performance Period, Funding</p> <p>BPA with Medtronic under VA Contract V797P-4336a</p> <p>All Department of State activities are authorized to order items from the BPA. This is a no-cost exercise of the second option year. Each ordering activity is required to use their own fiscal strip for purchase of supplies or services on the BPA. Credit card use is authorized. Ref Req No: 6025-550170</p> <p>Funding Information: 1900 - 006 - - X45191 - MED - 6025 - - 6025650183 - 5624 - 2589 - - 016520 - - USD0.00</p> | 1.00 | EA | 0.00 | 0.00 |
| | | | | Previous Total: | USD 0.00 |
| | | | | Modification Total: | USD 0.00 |
| | | | | Grand Total: | USD 0.00 |
| | | | | (Includes Discounts & Taxes) | |